



Comprehensive Strategy for Lucas County Children & Families



Volume 2, Issue 2

March 2002

Our Mission: Engaging the community in enacting the Comprehensive Strategy initiatives through education, promoting collaboration, and providing resources for planning.

THIS MONTH'S RISK FACTOR FOCUS: *Favorable Parental Attitudes Toward the Problem Behavior*

How do we help parents parent?

Judge James Ray, Lucas County Juvenile Court

It has been said that for every complex problem there is a simple solution that is always wrong. Our society has been searching for simple solutions to reduce chronic delinquency and violent juvenile behavior for years. Most of that search for the simple solution has been in the minds of practitioners of mental health services, educational services, juvenile justice services and others who have decided they have the answer to all of our problems.

Research by Catalano and Hawkins has identified nineteen factors that are instrumental in the cause of delinquent behavior. Data gathered from many sources in Lucas County tell us that one of the most prevalent causes in Lucas County is that a large percentage of parents approve of the delinquent behavior of their children. They will not admit it, but their personal behavior tells their children that is OK, perhaps even desirable, for them to break the law. To put it another way: many of the parents are, themselves, law breakers. They are on probation, in jail, in prison, or actively involved in criminal behavior and have not been caught recently. And the apple doesn't fall far from the tree.

We adults/parents must be the kind of adults we want our children to become. The cost, both emotional and financial, of rescuing our children from a course of self-destruction is too high.

So, what is the simple solution to this very complex problem? There isn't one. What we do know is that our children need to grow up in an environment wherein their quality of life is conducive to positive and successful outcomes. We also know that parents who have clear rules and values, and who demonstrate their commitment to those rules and values by following them themselves, have a better chance of raising responsible, successful children than those who don't have rules, or who have rules but don't follow them.

Finally, we who deliver services to parents who ask for them, and to parents who are forced into the service, must recognize ourselves as the parents' *assistants*. We work for *them*. We cannot do their job for them; we must help them learn to do their job better. Just as a good butler - always the servant - must train his "master" in how to do the right thing, so we must assist and train our "masters" - the parents - how to do their job without the loss of respect and dignity. Only when parents are fully involved and committed to their job of parenting will children in Lucas County have a better chance of growing up to become strong, healthy and responsible citizens.

OUR VISION

Lucas County will be a community...

- ☐ That supports parents in caring for their children.
- ☐ Where families set their own goals and provide a loving, nurturing, supportive and safe environment.
- ☐ Where parents are the primary service specialists for their children and will provide opportunities for their growth.
- ☐ Where the community will support parents with the necessary assistance for the care and nurturing of their children.



SPOTLIGHT

on

*programs addressing
Favorable Parental*

Attitudes:

- Healthy Lucas County - *page 2*
- Treatment Accountability for Safer Communities (TASC) - *page 3*



Healthy Lucas County

Healthy Lucas County is a network of public, private, and voluntary organizations and individuals committed to health improvement through countywide community health planning. It functions as a committee of the Lucas County Family Council and is staffed through the Healthy Communities Foundation of the Hospital Council of Northwest Ohio. The organizational structure is modeled after *Healthy People 2010* objectives and consists of nine focus groups based on data collected for Lucas County. Facilitated through community leadership, *Healthy Lucas County* is prioritizing the public health issues of the community and will help to identify resources for addressing those priorities. *Healthy Lucas County* is committed to ongoing data collection and health improvement planning.

Steering Committee

The Steering Committee meets monthly and keeps the focus area work groups moving forward by advising and overseeing their efforts. The committee is also responsible for organizing meetings for all *Healthy Lucas County* participants.

Focus Work Group Facilitators

Focus work groups appoint representatives who meet bi-monthly with the Steering Committee. These liaisons facilitate decision-making and progress toward the formation, implementation, and evaluation of health improvement plans for Lucas County.

Focus Area Work Groups

Each of the nine focus work groups meets monthly and continues to recruit members, assess resources, and establish the framework for common health improvement goals and objectives.

For more information about *Healthy Lucas County*, join us on Wednesday, March 20, 2002, from 2-4:30 p.m., in the St. Vincent Mercy Medical Center Auditorium, 2213 Cherry Street, Toledo. Health improvement recommendations from the nine focus work groups will be outlined and planning strategies will be discussed.

Nine Focus Areas and Contacts

Access to Quality Health Care

Dan Rutt, Toledo-Lucas County Health Department

Alcohol & Other Drugs

Deacon Dzierzawski, The Community Partnership

Health Disparities

Zeenat Khan, Toledo-Lucas County Health Department

Maternal, Infant, & Child Health

Barbara Gunning, Toledo-Lucas County Health Department

Mental Health

Marcia Dvorak, AMI of Greater Toledo

Physical Activity & Nutrition

Vernon Delpesce, YMCA

Meridith Drewes, Toledo-Lucas County Health Department

Preventative Medicine & Health Screenings

Gloria Enk, Mercy Health Partners

From the Toledo-Lucas County Health Department's Parents Survey:

- Three in ten parents with children under age 5 have them in day care.
- One in six parents have been concerned within the past month about having enough food for their family.
- Most parents (90%) have discussed sex, alcohol and other drugs in the past month with their 12-18-year-old child but half would like more information on discussing these issues with their child.
- Parents greatly overestimate the level of various risk factors (e.g., sex, alcohol and other drugs) and are worried about these risk factors, but they greatly underestimate the likelihood of their own child engaging in the same risk factors.
- One in five 5-11-year-olds and about half of 12-18-year-olds have more than one hour of unsupervised time on an average school day.
- At current teen pregnancy rates, there will have been about 46 pregnancies for every 100 Lucas County females by the time they reach age 20 (29 per 100 for whites and 65 per 100 blacks).
- Almost half (45%) of parents have someone who smokes within their home.
- Almost one in four (22%) of 12-18-year-olds binge drank in the past month

(Lucas County Health Needs Assessment, 1999)

- Dan Rutt, *Health Planner, Toledo-Lucas County Health Department, 419.213.4120*

THE NAKED TRUTH Partners for Successful Youth Annual Forum

Tuesday, May 7, 2002 • 4-6:45 p.m.

Family Life Center - Bethlehem Baptist Church

Learn what impacts adolescent behavior and decision-making and how to effectively intervene before a crisis occurs

Speakers: Lakita Garth & Dr. Doresa Perry

To register, or for more information, contact Carol Haddix, Teen Pregnancy Prevention 419.213.2331 • haddixc@co.lucas.oh.us

• CEUs pending •

Safety, Injury & Violence Prevention

Manda Rice, Greater Toledo Area Safe Kids Coalition

Gwen Neundorfer, Lucas County Traffic Safety Program

Sexual Health & Pregnancy Prevention

Carol Haddix, Toledo-Lucas County Health Department

-Kathy Silvestri, *Healthy Lucas County ksilvestri@hcno.org; 419.842.0800*

Treatment Accountability for Safer Communities (TASC)

TASC was created in 1972 with Federal funding authorized under the Drug Abuse Treatment Act. It is a program model designed to break the addiction-crime cycle of non-violent, drug-involved offenders by linking the legal sanctions of the criminal justice system with the therapeutic interventions of drug treatment programs. TASC manages drug cases by moving the offender through the criminal justice process and into drug treatment, simultaneously providing monitoring services as an adjunct to criminal justice supervision. TASC's comprehensive case management services create a unique interface among the criminal justice system, the treatment system, and the offender, thus allowing for effective and efficient outcomes.

The TASC model comprises four discrete activities: 1) identification of drug-involved offenders to determine their appropriateness for referral by the criminal justice system into the TASC case management system; 2) assessment of the offender's drug and alcohol treatment needs; 3) referral of the offender to the appropriate drug treatment placement; and 4) continuous case management of the offender through reporting protocols, urine monitoring, and ancillary requirements, to ensure compliance with criminal justice orders and drug treatment regimen.

A unique benefit of the TASC model is its ability to provide case management and treatment linkages at any point in the criminal justice continuum - from pretrial service agencies, the courts, jail treatment programs, probation agencies, and community correction agencies involved in intermediate sanctions to reintegration of the offender into the community. TASC programs work to establish treatment accountability by ensuring that offenders receive the appropriate type and level of treatment and that the offender is attending treatment regularly, treatment is progressing, and the agency to which TASC referred the offender is providing effective treatment services.

The TASC model can be replicated in urban, suburban, and rural jurisdictions, and it can be applied to unique requirements of special populations, such as female and juvenile offenders. The model is built around 10 critical organizational and operational elements that provide foundation and structure to link TASC to the criminal justice and drug treatment systems. These elements are as follows:

Organizational:

- A broad base of support from the criminal justice system, with a formal system for effective communication;
- A broad base of support from the treatment community, with a formal system for effective communication;
- An independent TASC unit with a designated administrator;
- Staff training as outlined in TASC policies and procedures; and
- A system of data collection for program management and evaluation.

Operational:

- Explicit and agreed upon eligibility criteria;
- Screening procedures for the early identification of eligible offenders;
- Documented procedures for assessment and referral;
- Documented policies, procedures and technology for drug testing; and
- Procedures for offender monitoring with established success and failure criteria and procedures for regular reporting to the criminal justice referral source.

TASC programs are funded by a number of sources, including state legislative funds and local funds earmarked for TASC.

Locally, the TASC offices are directed by Scott Sylak, One Stranahan Square, Suite 570; phone: 419.242.9955.

- from Bureau of Justice Assistance Fact Sheet, 1995

LOCAL RISK FACTORS

Favorable Parental Attitudes & Involvement in the Problem Behavior:

• Indicators:

- ☐ Adult violent crime arrests
- ☐ Adult drug offense arrests

Friends Who Engage in the Problem Behavior:

• Indicators:

- ☐ Alcohol use in 8th, 10th & 12th grades
- ☐ Marijuana use in 8th, 10th & 12th grades
- ☐ Cigarette use in 8th, 10th & 12th grades
- ☐ Cocaine use in 8th, 10th & 12th grades
- ☐ Teen pregnancy rates

Academic Failure Beginning in Elementary School:

• Indicators:

- ☐ Drop-out rate
- ☐ Graduation rate
- ☐ Reading proficiency
- ☐ Math proficiency

Early Initiation to Problem Behavior:

• Indicators:

- ☐ Alcohol use in early grades
- ☐ Marijuana use in early grades
- ☐ Cigarette use in early grades
- ☐ Cocaine use in early grades

Family Management Problems:

• Indicators:

- ☐ Number of children in substitute care
- ☐ Incidences of substantiated child abuse or neglect

-based on local data gathered for the community report on *A Comprehensive Strategy for Lucas County Children & Families*, 1999



Toledo-Lucas County Health Dept.

• www.co.lucas.oh.us/health

Healthy People 2010

• <http://www.health.gov/healthypeople>

The Community Partnership

5902 Southwyck Blvd., Suite 100

Toledo, Ohio 43614

www.communityprevention.org



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The Comprehensive Strategy for Lucas County Children & Families newsletter is a cooperative effort of many agencies throughout the county. For copies of the initial report or data CD, or to join the mailing list, contact The Community Partnership at 419.866.3611, 5902 Southwyck Blvd., Toledo, Ohio 43614 or e-mail Cyndi@communityprevention.org. For specific Comp Strategy questions, call Kristen Kania at Lucas County Family Council, 419.213.6994, or e-mail kkania@co.lucas.oh.us

OVERVIEW OF COMPREHENSIVE STRATEGY

Problem Behavior □ Noncriminal Misbehavior □ Delinquency □ Serious, Violent & Chronic Offending

Prevention

Target Population: At-Risk Youth

Graduated Sanctions

Target Population: Delinquent Youth

Programs for
All Youth



Programs for Youth
at Greatest Risk



Immediate
Intervention



Intermediate
Sanctions



Community
Confinement



Training
Schools



Aftercare

Youth Development Goals:

- Healthy and nurturing families
- Safe communities
- School attachment
- Prosocial peer relations
- Personal development and life skills
- Healthy lifestyle choices

Youth Habilitation Goals:

- Healthy family participation
- Community reintegration
- Educational success and skills development
- Healthy peer network development
- Prosocial values development
- Healthy lifestyle choices